



City of Northampton, Massachusetts
License Commission
City Hall, 210 Main Street
Northampton, MA 01060
(413) 587-1210 Fax: (413) 587-1264

Brad A. Shimel, Chair
Mary L. Midura, Executive Secretary

APRIL 2010

Dear Applicant:

Thank you for your phone call and your interest in opening a new business in the City of Northampton!

Enclosed you will find checklists and applications for Common Victualler, Weekday Entertainment and Automatic Amusement Device licenses. Also enclosed is a checklist and application for a New Seasonal Wine and Malt License.

At the time of submission of your application for a Seasonal Wine and Malt license, you may also submit an application for Conversion of Seasonal Wine and Malt license to Annual Wine and Malt license. You will see that the forms for Conversion are similar to a new license application. Additional application fees apply.

If you choose to submit the **New** and the **Conversion** applications at the same time, please understand that both the Northampton License Commission and the Alcoholic Beverages Control Commission must have approved you for the Seasonal Wine and Malt license **before** we will submit the application for the Conversion to the A.B.C.C. A Conversion of Seasonal Wine and Malt license includes an additional cost of \$5,000, payable to the City of Northampton in five installments of \$1,000 annually for five years, due at renewal each year in November.

Please also note that all documentation must be submitted at least 17 days before a scheduled Northampton License Commission meeting, so that we may place a legal advertisement with your intentions. A New Seasonal Wine and Malt License applicant must also notify all abutters. You may obtain the list of abutters from this office at the time of your submission of application.

For your convenience, I have enclosed a schedule of meetings of the Northampton License Commission, 2010 Fees, Rules, Regulations and Policies.

If you have any questions, please feel free to call me.

Sincerely,

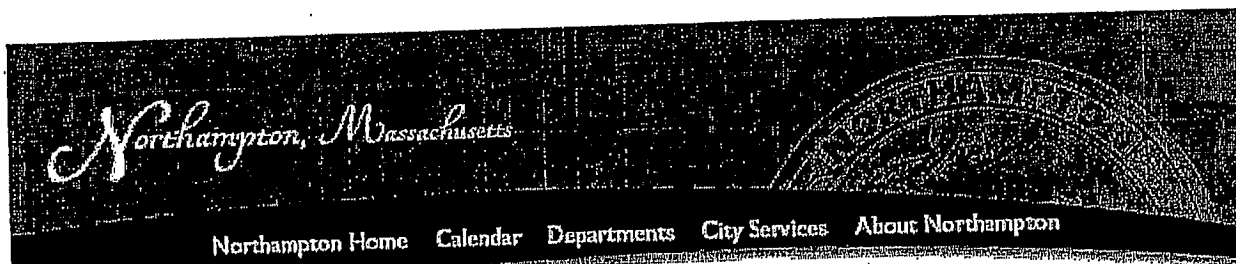
Mary L. Midura
Executive Secretary

Enclosures

CHECKLIST FOR NEW RESTAURANT (NO LIQUOR)

Questions – Please contact Mary L. Midura, Executive Secretary - License Commission
(413) 587-1210
mmidura@northamptonma.gov

	Common Victualler application
	Check to City of Northampton for Common Victualler for \$40.00 (2010 Annual Fee)
	Workers' Compensation Insurance Affidavit
	Copy of Deed or Lease Agreement
	Has Building Commissioner (413-587-1240) been contacted for licenses, permits or inspections?
	Signature of Building Commissioner: _____ Dated: _____
	Has Board of Health (413-587-1215) been contacted for licenses, permits or inspections?
	Signature of Board of Health Director: _____ Dated: _____
	If placement of tables and chairs on the City sidewalk is desired, please contact the Department of Public Works (413-587-1570) to file an application for sidewalk use.
	Signature of Director of Department of Public Works: _____ Dated: _____



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Common Victualler License

Every food service establishment in the City of Northampton with capabilities for cooking, preparing and serving food is required to have a Common Victualler License.

A Common Victualler License is issued under Mass General Laws Chapter 140 Section 2 and can be found at <http://www.mass.gov/legis/laws/mgl/140-2.htm>

Common Victualler Licenses are issued on an annual basis and costs \$40.00 for 2010.

Common Victualler License Application

All new businesses must also contact the Building Commissioner and Board of Health for any applicable permits/fees.

Please provide a copy of deed or lease agreement at time of application for a Common Victualler license.

Checklist for New Common Victualler

- **Worker's Compensation Affidavit** A Worker's Compensation Insurance Affidavit needs to be filed upon the issuance of each new or renewed license.

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**CITY OF NORTHAMPTON
LICENSE COMMISSION**

COMMON VICTUALLER APPLICATION
Massachusetts General Laws Chap 140 § 6

CORPORATE NAME _____

D/B/A NAME _____

OWNER OR PRESIDENT _____

MANAGER (if different than Owner/President) _____

ADDRESS _____

TELEPHONE NUMBER _____

DESCRIPTION OF PREMISES _____

(number of rooms, on what floors, etc.)

Pursuant to M. G. L., C. 62C, s. 49A, I certify under the penalties of perjury that I have, to my best knowledge and belief, complied with the law of the Commonwealth relating to taxes, reporting of employees and contractors, and withholding and remitting child support.

Pursuant to M.G.L.C. 152, s. 25A, I certify under the penalties of perjury that I have, to my best knowledge and belief, complied with the law of the Commonwealth relating to Worker's Compensation Insurance.

Signed this _____ day of _____, 200__.

Social Security Number or
Federal Identification No.

Signature of Individual or
Corporate name

Office Use
Approved

Denied

By _____
Corporate Officer and Title
(if applicable)

Date



The Commonwealth of Massachusetts
Department of Industrial Accidents
Office of Investigations
600 Washington Street
Boston, MA 02111
www.mass.gov/dia

Workers' Compensation Insurance Affidavit: General Businesses

Applicant Information

Please Print Legibly

Business/Organization Name: _____

Address: _____

City/State/Zip: _____ Phone #: _____

Are you an employer? Check the appropriate box:

1. ☐ I am a employer with _____ employees (full and/or part-time).*
2. ☐ I am a sole proprietor or partnership and have no employees working for me in any capacity.
[No workers' comp. insurance required]
3. ☐ We are a corporation and its officers have exercised their right of exemption per c. 152, §1(4), and we have no employees. [No workers' comp. insurance required]**
4. ☐ We are a non-profit organization, staffed by volunteers, with no employees. [No workers' comp. insurance req.]

Business Type (required):

5. ☐ Retail
6. ☐ Restaurant/Bar/Eating Establishment
7. ☐ Office and/or Sales (incl. real estate, auto, etc.)
8. ☐ Non-profit
9. ☐ Entertainment
10. ☐ Manufacturing
11. ☐ Health Care
12. ☐ Other _____

*Any applicant that checks box #1 must also fill out the section below showing their workers' compensation policy information.

**If the corporate officers have exempted themselves, but the corporation has other employees, a workers' compensation policy is required and such an organization should check box #1.

I am an employer that is providing workers' compensation insurance for my employees. Below is the policy information.

Insurance Company Name: _____

Insurer's Address: _____

City/State/Zip: _____

Policy # or Self-ins. Lic. # _____ Expiration Date: _____

Attach a copy of the workers' compensation policy declaration page (showing the policy number and expiration date).

Failure to secure coverage as required under Section 25A of MGL c. 152 can lead to the imposition of criminal penalties of a fine up to \$1,500.00 and/or one-year imprisonment, as well as civil penalties in the form of a STOP WORK ORDER and a fine of up to \$250.00 a day against the violator. Be advised that a copy of this statement may be forwarded to the Office of Investigations of the DIA for insurance coverage verification.

I do hereby certify, under the pains and penalties of perjury that the information provided above is true and correct.

Signature: _____ Date: _____

Phone #: _____

Official use only. Do not write in this area, to be completed by city or town official.

City or Town: _____ Permit/License # _____

Issuing Authority (circle one):

1. Board of Health 2. Building Department 3. City/Town Clerk 4. Licensing Board 5. Selectmen's Office
6. Other _____

Contact Person: _____

Phone #: _____

Information and Instructions

Massachusetts General Laws chapter 152 requires all employers to provide workers' compensation for their employees. Pursuant to this statute, an **employee** is defined as "...every person in the service of another under any contract of hire, express or implied, oral or written."

An **employer** is defined as "an individual, partnership, association, corporation or other legal entity, or any two or more of the foregoing engaged in a joint enterprise, and including the legal representatives of a deceased employer, or the receiver or trustee of an individual, partnership, association or other legal entity, employing employees. However, the owner of a dwelling house having not more than three apartments and who resides therein, or the occupant of the dwelling house of another who employs persons to do maintenance, construction or repair work on such dwelling house or on the grounds or building appurtenant thereto shall not because of such employment be deemed to be an employer."

MGL chapter 152, §25C(6) also states that **"every state or local licensing agency shall withhold the issuance or renewal of a license or permit to operate a business or to construct buildings in the commonwealth for any applicant who has not produced acceptable evidence of compliance with the insurance coverage required."**

Additionally, MGL chapter 152, §25C(7) states "Neither the commonwealth nor any of its political subdivisions shall enter into any contract for the performance of public work until acceptable evidence of compliance with the insurance requirements of this chapter have been presented to the contracting authority."

Applicants

Please fill out the workers' compensation affidavit completely, by checking the boxes that apply to your situation and, if necessary, supply your insurance company's name, address and phone number along with a certificate of insurance. Limited Liability Companies (LLC) or Limited Liability Partnerships (LLP) with no employees other than the members or partners, are not required to carry workers' compensation insurance. If an LLC or LLP does have employees, a policy is required. Be advised that this affidavit may be submitted to the Department of Industrial Accidents for confirmation of insurance coverage. **Also be sure to sign and date the affidavit.** The affidavit should be returned to the city or town that the application for the permit or license is being requested, **not** the Department of Industrial Accidents. Should you have any questions regarding the law or if you are required to obtain a workers' compensation policy, please call the Department at the number listed below. Self-insured companies should enter their self-insurance license number on the appropriate line.

City or Town Officials

Please be sure that the affidavit is complete and printed legibly. The Department has provided a space at the bottom of the affidavit for you to fill out in the event the Office of Investigations has to contact you regarding the applicant. Please be sure to fill in the permit/license number which will be used as a reference number. In addition, an applicant that must submit multiple permit/license applications in any given year, need only submit one affidavit indicating current policy information (if necessary). A copy of the affidavit that has been officially stamped or marked by the city or town may be provided to the applicant as proof that a valid affidavit is on file for future permits or licenses. A new affidavit must be filled out each year. Where a home owner or citizen is obtaining a license or permit not related to any business or commercial venture (i.e. a dog license or permit to burn leaves etc.) said person is NOT required to complete this affidavit.

The Office of Investigations would like to thank you in advance for your cooperation and should you have any questions, please do not hesitate to give us a call.

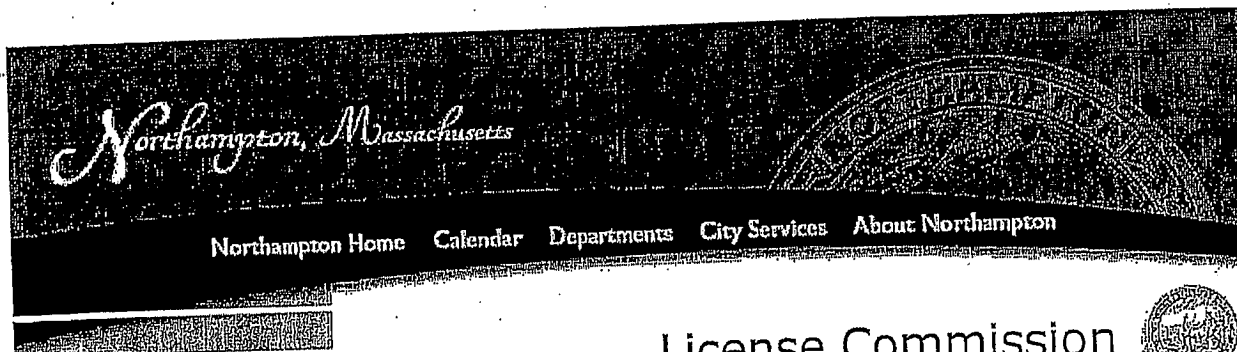
The Department's address, telephone and fax number:

The Commonwealth of Massachusetts
Department of Industrial Accidents
Office of Investigations
600 Washington Street
Boston, MA 02111

Tel. # 617-727-4900 ext 406 or 1-877-MASSAFE

Fax # 617-727-7749

www.mass.gov/dia



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Weekday Entertainment License

The License Commission only has authority to issue Weekday Entertainment (Monday through Saturday) Licenses to a liquor licensed premise. For a Weekday Entertainment License for a non liquor licensed premise, please contact the Mayor's Office at (413) 587-1249.

Weekday Entertainment licenses are issued on an annual basis and costs \$80.00 for 2010.

A Weekday Entertainment License is needed to conduct entertainment such as a DJ, karaoke and/or live bands.

[Weekday Entertainment License Application](#)

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CITY OF NORTHAMPTON
LICENSE COMMISSION

WEEKDAY ENTERTAINMENT APPLICATION
Massachusetts General Laws Chap 140 § 183a

CORPORATE NAME _____

D/B/A NAME _____

ADDRESS _____

TELEPHONE NUMBER _____

DESCRIPTION OF PROPOSED ENTERTAINMENT _____

The application for an entertainment license shall be in writing and made to the License Commission. The license shall be exercised on weekdays only (Monday through Saturday). The application shall fully and specifically describe the proposed entertainment. The License Commission may grant such license upon such terms and/or conditions as it may prescribe or may deny such license upon finding that issuance of such license would lead to the creation of a nuisance or would endanger the public health, safety or order. Notice of such denial shall be delivered to the applicant in writing and shall include therein a statement of reasons for such denial.

Pursuant to M. G. L., C. 62C, s. 49A, I certify under the penalties of perjury that I have, to my best knowledge and belief, complied with the law of the Commonwealth relating to taxes, reporting of employees and contractors, and withholding and remitting child support.

Pursuant to M.G.L.C. 152, s. 25A, I certify under the penalties of perjury that I have, to my best knowledge and belief, complied with the law of the Commonwealth relating to Worker's Compensation Insurance.

Signed this _____ day of _____, 200__.

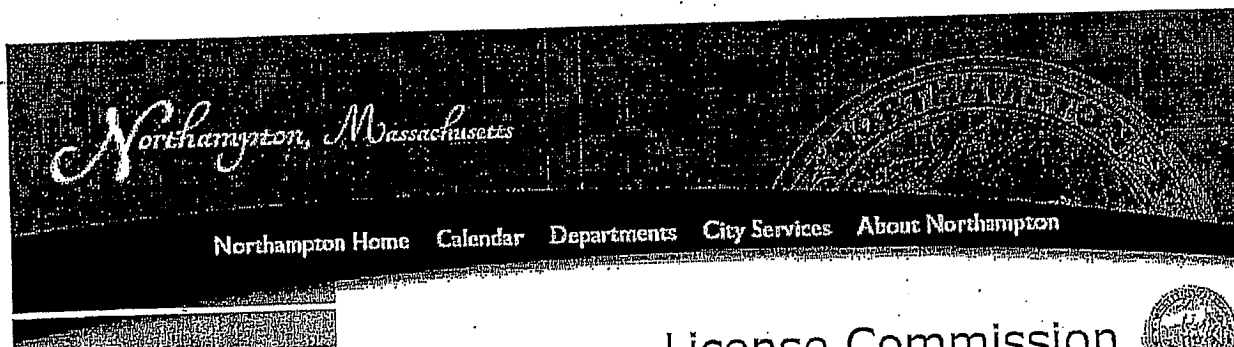
Social Security Number or
Federal Identification No.

Signature of Individual or
Corporate name

Office Use
Approved Denied

By _____
Corporate Officer and Title
(if applicable)

Date



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Automatic Amusement Device License

Automatic Amusement Device Licenses are required for any coin operated amusement device, i.e. pinball games, video games and pool tables.

The Laws governing Automatic Amusement Devices can be found at
<http://www.mass.gov/legis/laws/mgl/140-177a.htm>

The fee for an Automatic Amusement Device License is \$55.00 per machine for 2010.

[Automatic Amusement Device License Application](#)

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CITY OF NORTHAMPTON
LICENSE COMMISSION

AUTOMATIC AMUSEMENT DEVICE APPLICATION
Massachusetts General Laws Chap 140 § 177a

CORPORATE NAME _____

D/B/A NAME _____

ADDRESS _____

TELEPHONE NUMBER _____

NUMBER OF MACHINES _____

TYPE/DESCRIPTION OF MACHINE(S) _____

Pursuant to M. G. L., C. 62C, s. 49A, I certify under the penalties of perjury that I have, to my best knowledge and belief, complied with the law of the Commonwealth relating to taxes, reporting of employees and contractors, and withholding and remitting child support.

Pursuant to M.G.L.C. 152, s. 25A, I certify under the penalties of perjury that I have, to my best knowledge and belief, complied with the law of the Commonwealth relating to Worker's Compensation Insurance.

Signed this _____ day of _____, 200__.

Social Security Number or
Federal Identification No.

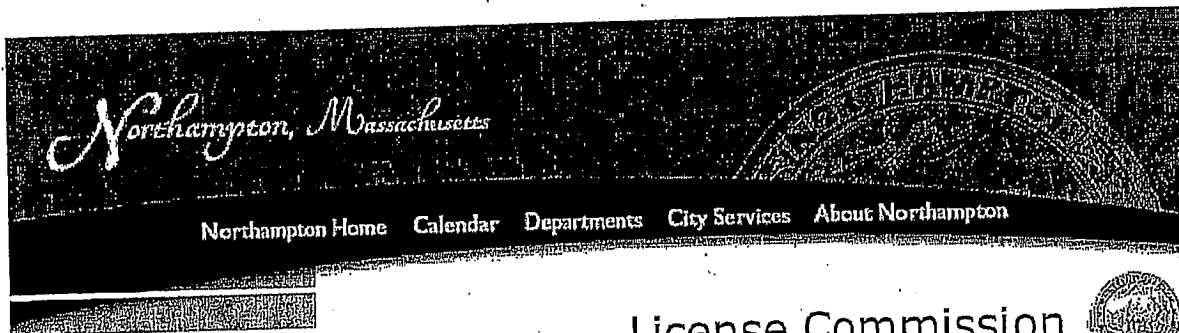
Signature of Individual or
Corporate name

Office Use
Approved

Denied

By _____
Corporate Officer and Title
(if applicable)

Date



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Annual Liquor Licenses

Liquor Licenses are governed by Mass General Laws Chapter 138 and the Alcoholic Beverages Control Commission (A.B.C.C.)

All of the forms needed to apply for a liquor license transaction can be found at <http://www.mass.gov/abcc>

The availability of Annual Licenses is determined by population and currently the City of Northampton is over its limit for Annual Licenses per population. **Therefore, the City of Northampton does not have any Annual All Alcohol licenses available.**

Please contact Clerk of the License Commission with any questions.

Seasonal Liquor Licenses

Seasonal Liquor Licenses run from April 1 to January 15.

On January 7, 2005 the Legislature passed a petition by the City of Northampton to allow the City to convert all issued Seasonal Wine & Malt Licenses to Annual Wine & Malt Licenses. Click the link to view the language that was passed
<http://www.mass.gov/legis/laws/seslaw04/sl040494.htm>

For more information about applying for a Seasonal Liquor License please contact Clerk of the License Commission at 587-1210. You can also find answers and forms at <http://www.mass.gov/abcc>

Package Store Licenses

There are two different types of Package Store licenses, All Alcohol and Wine & Malt. Currently the City of Northampton does not have any Package Store Licenses available.

Worker's Compensation Insurance Affidavit

- Worker's Comp Affidavit A Worker's Compensation Insurance Affidavit needs to be filed with the issuance of each new or renewed license.

CHECKLIST FOR NEW LICENSE

Questions – Please contact Mary L. Midura, Executive Secretary - License Commission
(413) 587-1210
mmidura@northamptonma.gov

	\$200.00 Certified Check or Money Order payable to "A. B. C. C."
	\$25.00 check payable to the City of Northampton
	Six Page Application
	Corporate Vote of Corporation (if applicable) (authorizes application for liquor license, appointment of manger and Pledge of License, if applicable)
	Articles of Organization, Partnership Agreement or LLC Paperwork
	Form A - Manager Form
	Form 43 – License Commission will complete
	CORI Request Form filled out and signed by proposed manager
	Copy of Government issued photographic identification (i.e. Driver's License) must be provided to verify the CORI form
	Copy of Legal Advertisement – License Commission will complete legal ad, it is your responsibility to pay for the ad
	Abutter Notification (green card certified return receipts) (any abutter who directly touches your property and any Church, School, Synagogue or Hospital within 500ft) See memo below.
	16 C Finding – License Commission will complete
	Floor Plans
	Lease (if applicable)
	3 Months of Bank Statements
	Worker's Compensation Insurance Affidavit
	TIPS or ServSafe Certification for proposed manager
	Certificate of Inspection signed by the Fire Chief and Building Inspector, required to issue the license

If placement of tables and chairs on the City sidewalk is desired, please contact the Department of Public Works to file an application for sidewalk use. The sidewalk description must be included on your liquor license application to allow service of alcohol outside.

Documents must be filed at least 17 Days before a meeting.



City of Northampton, Massachusetts
License Commission
City Hall, 210 Main Street
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(413) 587-1210 Fax: (413) 587-1264

Brad A. Shimel, Chair
Mary L. Midura, Executive Secretary

NOTIFICATION TO ABUTTERS!!!!

When required to notify abutters...

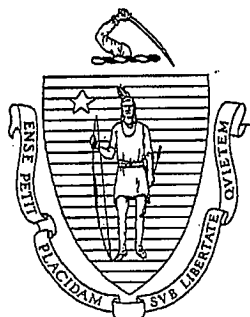
- The only abutters that the ABCC requires that you notify are the property owners who directly touch the property lines where the Liquor License will be placed;
- **And** any Church, School, Synagogue or Hospital within 500 feet.

The legal notice that is published in the Newspaper can be used to notify the abutters of the public hearing on your liquor license application.

Notice to abutters need to be mailed via certified mail within 3 days of the publication of the legal notice.

The certified green return receipt cards need to be filed with the License Commission on or before the date of the hearing.

Any questions please contact the License Commission office at the number listed above.



The Commonwealth of Massachusetts

Alcoholic Beverages Control Commission

239 Causeway Street

Boston, MA 02114

Application for Alcoholic Beverage License for Retail Sale

City/Town: _____

- | | |
|--|---|
| <input type="checkbox"/> New License | <input type="checkbox"/> New Officer/Director |
| <input type="checkbox"/> Transfer of License | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Transfer of Stock | (specify) |

Section 1

Name to appear on the license: _____

Business Name (d/b/a, if different): _____

Manager of Record: _____ FID of Licensee: _____

Address of Premises: _____ Zip Code: _____

Phone number of premises: _____

Section 2 Type of license: (check one only)

- | | | |
|---|--|--|
| <input type="checkbox"/> Club | <input type="checkbox"/> Package Store | <input type="checkbox"/> Veterans Club |
| <input type="checkbox"/> General on Premise | <input type="checkbox"/> Restaurant | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Innholder | <input type="checkbox"/> Tavern | |

Section 3 License Category

- | | |
|---|--|
| <input type="checkbox"/> All Alcoholic | <input type="checkbox"/> Wine and Malt |
| <input type="checkbox"/> Malt Only | <input type="checkbox"/> Wine Only |
| <input type="checkbox"/> Wine and Malt with Cordials Permit | |

Section 4 License Class

- | | |
|---------------------------------|-----------------------------------|
| <input type="checkbox"/> Annual | <input type="checkbox"/> Seasonal |
|---------------------------------|-----------------------------------|

Section 5 Person (attorney if applicable) who can be contacted concerning this application

Name: _____

Address: _____

Phone Number: _____

Section 6 Give a full description of the premises to be licensed, including location of all entrances and exits:

6a.

Seating Capacity: _____ Occupancy Number: _____

Section 7

Applicant is an:

(☐) Association (☐) Corporation (☐) Individual
(☐) Partnership (☐) Non-profit corporation (☐) LLC

Section 8 If applicant is an individual or partnership – List for individual or each partner:

Full Name	Home Address	DOB	SSN

8a. Is individual or all partners United States citizens? (☐) Yes (☐) No

If no, specify citizenship: _____

8b. Is individual or all partners involved at least twenty-one years old? (☐) Yes (☐) No

Section 9 If the applicant is a corporation, complete the following:

State of Incorporation: _____ Date of Incorporation: _____

Date qualified to do business in MA: _____

9a. How many shares of stock are authorized: _____ How many shares are issued: _____

Provide in the box the names if all officers, directors, stockholders and manager.

Use * to indicate director

Title	Full Name	Home Address	DOB	SSN	Shares of stock owned or controlled

9b. Attach a copy of the vote by the Board of Directors appointing a manager or principal representatives.

9c. If the applicant is a corporation, answer the following questions:

1. Are the majority of directors United States citizens? ☐ Yes ☐ No
2. Are the majority of directors citizens of Massachusetts? ☐ Yes ☐ No
3. Is the manager or principal representative a U.S. citizen? ☐ Yes ☐ No

Section 10 If the applicant is an association, provide in the box below the names of all association officers and members.

Title	Full Name	Home Address	DOB	SSN	Phone Number

10b. Attach a list of all members of the LLC.

Section 11 Will there be any construction, remodeling, redecorating or building on the premises for this license?
☐ Yes ☐ No (If yes complete a,b, c and d)

a. Give an exact description of the construction, remodeling, redecorating or building on the premises:

b. What are the estimated costs: _____

c. What is the construction schedule: _____

d. State all sources of construction financing: _____

Section 12

Do you own the premises? ☐ Yes ☐ No. If yes, please respond to the question below.

☐ As an individual ☐ Jointly _____ Name of Realty Trust

_____ Name of Corporation

☐ Other _____

(If you do not own the premises to be licensed, provide the following information about the owner.)

Name: _____ Phone Number: _____

Address: _____

12a. If a lease or rental, provide the following information: \$ _____ per _____
(month, year, etc.)

Beginning date of lease _____ Ending Date of lease _____
(provide copy of the lease)

FINANCIAL

Section 13

What assets were purchased and cost?

Equipment: \$ _____ Furniture: \$ _____ Goodwill: \$ _____

Inventory: \$ _____ License: \$ _____ Premise: \$ _____

13a. Total Purchase Price: \$ _____

13b. Identify below all sources of financing:

Mortgage: \$ _____ Seller: \$ _____

Cash: \$ _____ Other (specify): \$ _____

Document all sources e.g. Loan papers, checking accounts, stock sales, etc.

13c.

All other terms and conditions: _____
(provide purchase and sale documents)

13d. Are you seeking approval for license to be pledged: (☒) Yes (☐) No

If yes, to whom: _____

13e. Will the inventory be pledged: (☒) Yes (☐) No

If yes, specify to whom: _____

13f. If a corporation, are you seeking approval for any corporate stock to be pledged:

(☒) Yes (☐) No

If yes, identify to whom and identify the number of shares: _____

OWNERSHIP INTERESTS

Section 14 State the following information for all persons or entities who will have any direct or indirect beneficial or financial interest in this license:

Full Name	Home Address	DOB	SSN	Phone Number

14a. Describe all types of beneficial or financial interest each person or entity identified in Question 14 will have in this license:

Person or entity	Beneficial or financial interest

14b. Does any person or entity listed in Question 14 have any direct or indirect beneficial or financial interest in any other license granted under Chapter 138?

(☐) Yes (☐) No

Name	Type of license	License Name and Address	Description of Interest

14c. Has any person or entity named in Question 14 ever held a license or a beneficial interest in a license issued under Chapter 138 which is not presently held? (☐) Yes (☐) No
(If yes, provide the following for each person or entity.)

Name	Type of License	License Name and Address	Date ownership surrendered.

14d. Describe how all licenses in Question 14c were terminated (e.g. transfer of ownership, non-renewal, surrender, etc.)

Date	License	Reason why the license was terminated

14e. Has any person or entity named in Question 14 ever had a license suspended, revoked or cancelled?

(☐) Yes (☐) No
(If yes, provide the following information)

Date	License	Reason why the license was suspended, revoked or cancelled

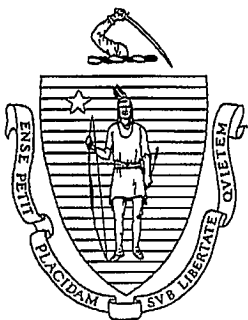
14f. Has any person or entity named in Question 14 ever been convicted of violating any state, federal or military law? () Yes () No

15. a. Each individual applicant must sign.
 b. Applications by a partnership must be signed by a majority of the partners.
 c. Applications by a corporation must be signed by an officer authorized by a vote of the corporations Board of Directors.
 d. Applications by an association must be signed by a majority of the members if the governing body. All signers must have answered question 10.
 e. False information or failure to disclose are reasons to revoke a license or deny a license application.

Signed and subscribed to under the penalty of perjury, this day of _____, 20____.

By: Signature of Full Name

Title



The Commonwealth of Massachusetts
ALCOHOLIC BEVERAGES CONTROL COMMISSION

FORM A
LICENSEE PERSONAL INFORMATION SHEET

THIS FORM MUST BE COMPLETED FOR EACH:

- ☐ A. NEW LICENSE APPLICANT
- ☐ B. APPOINTMENT OR CHANGE OF MANAGER
IN A CORPORATION
- ☐ C. TRANSFER OF LICENSE (RETAIL ONLY-SEC. 12 & SEC. 15)

(Please check which transaction is the subject of an application accompanying this Form A.)

PLEASE TYPE OR PRINT ALL INFORMATION

ALL QUESTIONS MUST BE ANSWERED AND TELEPHONE NUMBERS PROVIDED OR
 APPLICATION WILL NOT BE ACCEPTED.

1. LICENSEE NAME _____
(NAME AS IT WILL APPEAR ON THE LICENSE)
2. NAME OF (PROPOSED) MANAGER _____
3. SOCIAL SECURITY NUMBER _____
4. HOME (STREET) ADDRESS _____
5. AREA CODE AND TELEPHONE NUMBER (S): (Give both, your home telephone and a number at which you can be reached during the day).
 DAY TIME # _____ HOME# _____
6. PLACE OF BIRTH: _____ 7. DATE OF BIRTH: _____
8. REGISTERED VOTER: ☐ YES ☐ NO 8A. WHERE ? : _____
9. ARE YOU A U. S. CITIZEN: ☐ YES ☐ NO
10. COURT AND DATE OF NATURALIZATION (IF APPLICABLE): _____
 (Submit proof of citizenship and/or naturalization such as Voter=s Certificate, Birth Certificate or Naturalization Papers)

11. FATHER'S NAME: _____ 12. MOTHER'S MAIDEN NAME: _____

13. IDENTIFY YOUR CRIMINAL RECORD, (Massachusetts, Military, any other State or Federal): ANY OTHER ARREST OR APPEARANCE IN CRIMINAL COURT CHARGED WITH A CRIMINAL OFFENSE REGARDLESS OF FINAL DISPOSITION:

☐ YES ☐ NO (MUST CHECK EITHER YES OR NO)

IF YES, PLEASE DESCRIBE OFFENSE (S) SPECIFIC CHARGE AND DISPOSITION (FINE, PENALTY, ETC.)

14. PRIOR EXPERIENCE IN THE LIQUOR INDUSTRY: ☐ YES ☐ NO
IF YES, PLEASE DESCRIBE:

15. FINANCIAL INTEREST, DIRECT OR INDIRECT, IN THIS OR ANY OTHER LIQUOR LICENSE, PERMIT OR CERTIFICATE: ☐ YES ☐ NO

IF YES, PLEASE DESCRIBE: _____

16. EMPLOYMENT FOR THE LAST TEN YEARS (Dates, Position, Employer, Address and if known, Telephone Numbers):

17. HOURS PER WEEK TO BE SPENT ON THE LICENSED PREMISES: _____

18. I HEREBY SWEAR THAT UNDER THE PAINS AND PENALTIES OF PERJURY THAT THE INFORMATION I HAVE GIVEN IN THIS APPLICATION IS TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

BY: _____ DATE _____

PROPOSED MANAGER SIGNATURE

DATE

N



Northampton License Commission
City Hall, 210 Main Street
Northampton, MA 01060
(413) 587-1210 Fax: (413) 587-1264

Brad A. Shimel, Chair
Mary L. Midura, Executive Secretary

CORI REQUEST FORM

The Northampton License Commission has been certified by the Criminal History Systems Board for access to conviction and pending criminal case data. As an applicant/employee for _____, I understand that a criminal record check will be conducted for conviction and pending criminal case information only and that it will not necessarily disqualify me. The information below is correct to the best of my knowledge.

Applicant/Employee Signature

LAST NAME

FIRST NAME

MIDDLE NAME

MAIDEN NAME OR ALIAS (IF APPLICABLE)

PLACE OF BIRTH

DATE OF BIRTH(MMDDYYYY)

SOCIAL SECURITY NUMBER:
(requested, but not required)

MOTHER'S MAIDEN NAME:

CURRENT AND FORMER
ADDRESSES:

SEX: _____ HEIGHT: _____ WEIGHT: _____ EYE COLOR: _____

STATE DRIVER'S LICENSE
NUMBER:

*THE INFORMATION WAS VERIFIED WITH THE FOLLOWING FORM OF
GOVERNMENT ISSUED PHOTOGRAPHIC
IDENTIFICATION: _____

REQUESTED BY:

SIGNATURE OF CORI AUTHORIZED EMPLOYEE

**Conversion of Seasonal Wine & Malt to Annual Wine & Malt, pursuant to Chapter 494 of
the Acts of 2004**

Questions – Please contact Mary L. Midura, Executive Secretary - License Commission
(413) 587-1210 – (413) 587-1264 fax
mmidura@northamptonma.gov

	\$200.00 Certified Check or Money Order payable to "A. B. C. C."
	\$25.00 check payable to the City of Northampton
	Six Page Application
	Corporate Vote of Corporation (if applicable) (authorizes application for liquor license, appointment of manger and Pledge of License, if applicable)
	Articles of Organization, Partnership Agreement or LLC Paperwork
	Form A - Manager Form
	Form 43 – License Commission will complete
	Form 997 – Petition for Change of License Type
	CORI Request Form filled out and signed by proposed manager
	Copy of Government issued photographic identification (i.e. Driver's License) must be provided to verify the CORI form
	Copy of Legal Advertisement – License Commission will complete legal ad, it is your responsibility to pay for the ad
NOT NEEDED FOR THIS! (PER ABCC call 12/31/08 to William Kelly)	<u>Abutter Notification</u> (green card certified return receipts) (any abutter who directly touches your property and any Church, School, Synagogue or Hospital within 500ft) See memo below.
	Floor Plans
	Lease (if applicable)
	3 Months of Bank Statements
	Worker's Compensation Insurance Affidavit
	TIPS or ServSafe Certification for proposed manager
	Certificate of Inspection signed by the Fire Chief and Building Inspector, required to issue the license

If placement of tables and chairs on the City sidewalk is desired, please contact the Department of Public Works to file an application for sidewalk use. The sidewalk description must be included on your liquor license application to allow service of alcohol outside.

Documents must be filed at least 17 Days before a meeting.

Chapter 494 of the Acts of 2004

AN ACT AUTHORIZING THE CITY OF NORTHAMPTON TO CONVERT SEASONAL LICENSES FOR THE SALE OF WINES AND MALT BEVERAGES TO BE DRUNK ON THE PREMISES.

Be it enacted by the Senate and House of Representatives in General Court assembled, and by the authority of the same, as follows:

SECTION 1. Notwithstanding section 17 of chapter 138 of the General Laws, the licensing authority of the city of Northampton may convert all issued seasonal licenses for the sale of wines and malt beverages to be drunk on the premises pursuant to section 12 of said chapter 138 to annual licenses for the sale of wines and malt beverages to be drunk on the premises pursuant to said section 12 of said chapter 138. Notwithstanding section 15A of said chapter 138, seasonal licenses being converted to annual licenses pursuant to this act shall not be subject to the notification of abutters requirement. The licenses shall be subject to all of said chapter 138, except said sections 15A and 17.

SECTION 2. This act shall take effect upon its passage.

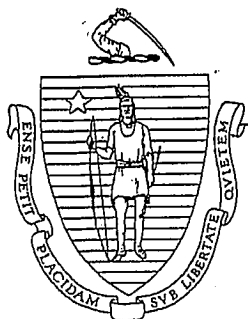
Approved January 7, 2005.

Return to:

List of Laws passed in 2004 Session

General Court home page, or

Commonwealth of Massachusetts home page.



The Commonwealth of Massachusetts

Alcoholic Beverages Control Commission

239 Causeway Street

Boston, MA 02114

Application for Alcoholic Beverage License for Retail Sale

City/Town: _____

- | | |
|--|---|
| <input type="checkbox"/> New License | <input type="checkbox"/> New Officer/Director |
| <input type="checkbox"/> Transfer of License | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Transfer of Stock | (specify) |

Section 1

Name to appear on the license: _____

Business Name (d/b/a, if different): _____

Manager of Record: _____ FID of Licensee: _____

Address of Premises: _____ Zip Code: _____

Phone number of premises: _____

Section 2 Type of license: (check one only)

- | | | |
|---|--|--|
| <input type="checkbox"/> Club | <input type="checkbox"/> Package Store | <input type="checkbox"/> Veterans Club |
| <input type="checkbox"/> General on Premise | <input type="checkbox"/> Restaurant | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Innholder | <input type="checkbox"/> Tavern | |

Section 3 License Category

- | | |
|---|--|
| <input type="checkbox"/> All Alcoholic | <input type="checkbox"/> Wine and Malt |
| <input type="checkbox"/> Malt Only | <input type="checkbox"/> Wine Only |
| <input type="checkbox"/> Wine and Malt with Cordials Permit | |

Section 4 License Class

- | | |
|---------------------------------|-----------------------------------|
| <input type="checkbox"/> Annual | <input type="checkbox"/> Seasonal |
|---------------------------------|-----------------------------------|

Section 5 Person (attorney if applicable) who can be contacted concerning this application

Name: _____

Address: _____

Phone Number: _____

Section 6 Give a full description of the premises to be licensed, including location of all entrances and exits:

6a.

Seating Capacity: _____

Occupancy Number: _____

Section 7

Applicant is an:

(☐) Association (☐) Corporation (☐) Individual
(☐) Partnership (☐) Non-profit corporation (☐) LLC

Section 8 If applicant is an individual or partnership – List for individual or each partner:

Full Name	Home Address	DOB	SSN

8a. Is individual or all partners United States citizens? (☐) Yes (☐) No

If no, specify citizenship: _____

8b. Is individual or all partners involved at least twenty-one years old?(☐) Yes (☐) No

Section 9 If the applicant is a corporation, complete the following:

State of Incorporation: _____ Date of Incorporation: _____

Date qualified to do business in MA: _____

9a. How many shares of stock are authorized: _____ How many shares are issued: _____

Provide in the box the names if all officers, directors, stockholders and manager.

Use * to indicate director

Title	Full Name	Home Address	DOB	SSN	Shares of stock owned or controlled

9b. Attach a copy of the vote by the Board of Directors appointing a manager or principal representatives.

9c. If the applicant is a corporation, answer the following questions:

1. Are the majority of directors United States citizens? ☐ Yes ☐ No
2. Are the majority of directors citizens of Massachusetts? ☐ Yes ☐ No
3. Is the manager or principal representative a U.S. citizen? ☐ Yes ☐ No

Section 10 If the applicant is an association, provide in the box below the names of all association officers and members.

Title	Full Name	Home Address	DOB	SSN	Phone Number

10b. Attach a list of all members of the LLC.

Section 11 Will there be any construction, remodeling, redecorating or building on the premises for this license?
☐ Yes ☐ No (If yes complete a,b, c and d)

a. Give an exact description of the construction, remodeling, redecorating or building on the premises:

b. What are the estimated costs: _____

c. What is the construction schedule: _____

d. State all sources of construction financing: _____

Section 12

Do you own the premises? ☐ Yes ☐ No. If yes, please respond to the question below.

☐ As an individual ☐ Jointly _____ Name of Realty Trust

_____ Name of Corporation

☐ Other _____

(If you do not own the premises to be licensed, provide the following information about the owner.)

Name: _____ Phone Number: _____

Address: _____

12a. If a lease or rental, provide the following information: \$ _____ per _____
(month, year, etc.)

Beginning date of lease _____ Ending Date of lease _____
(provide copy of the lease)

FINANCIAL

Section 13

What assets were purchased and cost?

Equipment: \$ _____ Furniture: \$ _____ Goodwill: \$ _____

Inventory: \$ _____ License: \$ _____ Premise: \$ _____

13a. Total Purchase Price: \$ _____

13b. Identify below all sources of financing:

Mortgage: \$ _____ Seller: \$ _____

Cash: \$ _____ Other (specify): \$ _____

Document all sources e.g. Loan papers, checking accounts, stock sales, etc.

13c.

All other terms and conditions: _____
(provide purchase and sale documents)

13d. Are you seeking approval for license to be pledged: ☐ Yes ☐ No

If yes, to whom: _____

13e. Will the inventory be pledged: ☐ Yes ☐ No

If yes, specify to whom: _____

13f. If a corporation, are you seeking approval for any corporate stock to be pledged:

☐ Yes ☐ No

If yes, identify to whom and identify the number of shares: _____

OWNERSHIP INTERESTS

Section 14 State the following information for all persons or entities who will have any direct or indirect beneficial or financial interest in this license:

Full Name	Home Address	DOB	SSN	Phone Number

14a. Describe all types of beneficial or financial interest each person or entity identified in Question 14 will have in this license:

Person or entity	Beneficial or financial interest

14b. Does any person or entity listed in Question 14 have any direct or indirect beneficial or financial interest in any other license granted under Chapter 138?

(☐) Yes (☐) No

Name	Type of license	License Name and Address	Description of Interest

14c. Has any person or entity named in Question 14 ever held a license or a beneficial interest in a license issued under Chapter 138 which is not presently held? (☐) Yes (☐) No
(If yes, provide the following for each person or entity.)

Name	Type of License	License Name and Address	Date ownership surrendered

14d. Describe how all licenses in Question 14c were terminated (e.g. transfer of ownership, non-renewal, surrender, etc.)

Date	License	Reason why the license was terminated

14e. Has any person or entity named in Question 14 ever had a license suspended, revoked or cancelled?

(☐) Yes (☐) No
(If yes, provide the following information)

Date	License	Reason why the license was suspended, revoked or cancelled

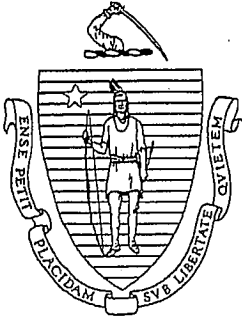
14f. Has any person or entity named in Question 14 ever been convicted of violating any state, federal or military law? () Yes () No

- 15.
- a. Each individual applicant must sign.
 - b. Applications by a partnership must be signed by a majority of the partners.
 - c. Applications by a corporation must be signed by an officer authorized by a vote of the corporations Board of Directors.
 - d. Applications by an association must be signed by a majority of the members if the governing body. All signers must have answered question 10.
 - e. False information or failure to disclose are reasons to revoke a license or deny a license application.

Signed and subscribed to under the penalty of perjury, this ☐ day of _____, 20____.

By: Signature of Full Name

Title



The Commonwealth of Massachusetts
ALCOHOLIC BEVERAGES CONTROL COMMISSION

FORM A
LICENSEE PERSONAL INFORMATION SHEET

THIS FORM MUST BE COMPLETED FOR EACH:

- ☐ A. NEW LICENSE APPLICANT
- ☐ B. APPOINTMENT OR CHANGE OF MANAGER
IN A CORPORATION
- ☐ C. TRANSFER OF LICENSE (RETAIL ONLY-SEC. 12 & SEC. 15)

(Please check which transaction is the subject of an application accompanying this Form A.)

PLEASE TYPE OR PRINT ALL INFORMATION

ALL QUESTIONS MUST BE ANSWERED AND TELEPHONE NUMBERS PROVIDED OR
 APPLICATION WILL NOT BE ACCEPTED.

1. LICENSEE NAME _____
(NAME AS IT WILL APPEAR ON THE LICENSE)
2. NAME OF (PROPOSED) MANAGER _____
3. SOCIAL SECURITY NUMBER _____
4. HOME (STREET) ADDRESS _____
5. AREA CODE AND TELEPHONE NUMBER (S): (Give both, your home telephone and a number at which you can be reached during the day).
 DAY TIME # _____ HOME# _____
6. PLACE OF BIRTH: _____ 7. DATE OF BIRTH: _____
8. REGISTERED VOTER: ☐ YES ☐ NO 8A. WHERE?: _____
9. ARE YOU A U. S. CITIZEN: ☐ YES ☐ NO
10. COURT AND DATE OF NATURALIZATION (IF APPLICABLE): _____
 (Submit proof of citizenship and/or naturalization such as Voter=s Certificate, Birth Certificate or Naturalization Papers)

11. FATHER'S NAME: _____ 12. MOTHER'S MAIDEN NAME: _____

13. IDENTIFY YOUR CRIMINAL RECORD, (Massachusetts, Military, any other State or Federal): ANY OTHER ARREST OR APPEARANCE IN CRIMINAL COURT CHARGED WITH A CRIMINAL OFFENSE REGARDLESS OF FINAL DISPOSITION:
☐ YES ☐ NO (MUST CHECK EITHER YES OR NO)

IF YES, PLEASE DESCRIBE OFFENSE (S) SPECIFIC CHARGE AND DISPOSITION (FINE, PENALTY, ETC.)

14. PRIOR EXPERIENCE IN THE LIQUOR INDUSTRY: ☐ YES ☐ NO
IF YES, PLEASE DESCRIBE:

15. FINANCIAL INTEREST, DIRECT OR INDIRECT, IN THIS OR ANY OTHER LIQUOR LICENSE, PERMIT OR CERTIFICATE: ☐ YES ☐ NO

IF YES, PLEASE DESCRIBE: _____

16. EMPLOYMENT FOR THE LAST TEN YEARS (Dates, Position, Employer, Address and if known, Telephone Numbers):

17. HOURS PER WEEK TO BE SPENT ON THE LICENSED PREMISES: _____

18. I HEREBY SWEAR THAT UNDER THE PAINS AND PENALTIES OF PERJURY THAT THE INFORMATION I HAVE GIVEN IN THIS APPLICATION IS TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

BY: _____ DATE _____
PROPOSED MANAGER SIGNATURE

PETITION FOR LICENSE TRANSACTION

The Commonwealth of Massachusetts

20

☐ Change of Location

☐ Pledge of Stock

☐ Pledge of License

☐ Change of Corporate Name

☐ Change of D/B/A

☐ Change of Manager

☐ Change of License Type

☐ Cordials and Liqueurs Permit

To the

Licensing Board for the

The undersigned respectfully petition for

Signed

Title

N



Northampton License Commission
City Hall, 210 Main Street
Northampton, MA 01060
(413) 587-1210 Fax: (413) 587-1264

Brad A. Shimel, Chair
Mary L. Midura, Executive Secretary

CORI REQUEST FORM

The Northampton License Commission has been certified by the Criminal History Systems Board for access to conviction and pending criminal case data. As an applicant/employee for _____, I understand that a criminal record check will be conducted for conviction and pending criminal case information only and that it will not necessarily disqualify me. The information below is correct to the best of my knowledge.

Applicant/Employee Signature

LAST NAME

FIRST NAME

MIDDLE NAME

MAIDEN NAME OR ALIAS (IF APPLICABLE)

PLACE OF BIRTH

DATE OF BIRTH(MMDDYYYY)

SOCIAL SECURITY NUMBER:
(requested, but not required)

MOTHER'S MAIDEN NAME:

CURRENT AND FORMER
ADDRESSES:

SEX: _____ HEIGHT: _____ WEIGHT: _____ EYE COLOR: _____

STATE DRIVER'S LICENSE
NUMBER:

*THE INFORMATION WAS VERIFIED WITH THE FOLLOWING FORM OF
GOVERNMENT ISSUED PHOTOGRAPHIC
IDENTIFICATION: _____

REQUESTED BY: _____
SIGNATURE OF CORI AUTHORIZED EMPLOYEE



The Commonwealth of Massachusetts
Department of Industrial Accidents
Office of Investigations
600 Washington Street
Boston, MA 02111
www.mass.gov/dia

Workers' Compensation Insurance Affidavit: General Businesses

Applicant Information

Please Print Legibly

Business/Organization Name: _____

Address: _____

City/State/Zip: _____ Phone #: _____

Are you an employer? Check the appropriate box:

1. ☐ I am a employer with _____ employees (full and/ or part-time).*
2. ☐ I am a sole proprietor or partnership and have no employees working for me in any capacity.
[No workers' comp. insurance required]
3. ☐ We are a corporation and its officers have exercised their right of exemption per c. 152, §1(4), and we have no employees. [No workers' comp. insurance required]**
4. ☐ We are a non-profit organization, staffed by volunteers, with no employees. [No workers' comp. insurance req.]

Business Type (required):

5. ☐ Retail
6. ☐ Restaurant/Bar/Eating Establishment
7. ☐ Office and/or Sales (incl. real estate, auto, etc.)
8. ☐ Non-profit
9. ☐ Entertainment
10. ☐ Manufacturing
11. ☐ Health Care
12. ☐ Other _____

*Any applicant that checks box #1 must also fill out the section below showing their workers' compensation policy information.

**If the corporate officers have exempted themselves, but the corporation has other employees, a workers' compensation policy is required and such an organization should check box #1.

I am an employer that is providing workers' compensation insurance for my employees. Below is the policy information.

Insurance Company Name: _____

Insurer's Address: _____

City/State/Zip: _____

Policy # or Self-ins. Lic. # _____ Expiration Date: _____

Attach a copy of the workers' compensation policy declaration page (showing the policy number and expiration date).

Failure to secure coverage as required under Section 25A of MGL c. 152 can lead to the imposition of criminal penalties of a fine up to \$1,500.00 and/or one-year imprisonment, as well as civil penalties in the form of a STOP WORK ORDER and a fine of up to \$250.00 a day against the violator. Be advised that a copy of this statement may be forwarded to the Office of Investigations of the DIA for insurance coverage verification.

I do hereby certify, under the pains and penalties of perjury that the information provided above is true and correct.

Signature: _____ Date: _____

Phone #: _____

Official use only. Do not write in this area, to be completed by city or town official.

City or Town: _____ Permit/License # _____

Issuing Authority (circle one):

1. Board of Health 2. Building Department 3. City/Town Clerk 4. Licensing Board 5. Selectmen's Office
6. Other _____

Contact Person: _____ Phone #: _____

Information and Instructions

Massachusetts General Laws chapter 152 requires all employers to provide workers' compensation for their employees. Pursuant to this statute, an *employee* is defined as "...every person in the service of another under any contract of hire, express or implied, oral or written."

An *employer* is defined as "an individual, partnership, association, corporation or other legal entity, or any two or more of the foregoing engaged in a joint enterprise, and including the legal representatives of a deceased employer, or the receiver or trustee of an individual, partnership, association or other legal entity, employing employees. However, the owner of a dwelling house having not more than three apartments and who resides therein, or the occupant of the dwelling house of another who employs persons to do maintenance, construction or repair work on such dwelling house or on the grounds or building appurtenant thereto shall not because of such employment be deemed to be an employer."

MGL chapter 152, §25C(6) also states that "every state or local licensing agency shall withhold the issuance or renewal of a license or permit to operate a business or to construct buildings in the commonwealth for any applicant who has not produced acceptable evidence of compliance with the insurance coverage required." Additionally, MGL chapter 152, §25C(7) states "Neither the commonwealth nor any of its political subdivisions shall enter into any contract for the performance of public work until acceptable evidence of compliance with the insurance requirements of this chapter have been presented to the contracting authority."

Applicants

Please fill out the workers' compensation affidavit completely, by checking the boxes that apply to your situation and, if necessary, supply your insurance company's name, address and phone number along with a certificate of insurance. Limited Liability Companies (LLC) or Limited Liability Partnerships (LLP) with no employees other than the members or partners, are not required to carry workers' compensation insurance. If an LLC or LLP does have employees, a policy is required. Be advised that this affidavit may be submitted to the Department of Industrial Accidents for confirmation of insurance coverage. **Also be sure to sign and date the affidavit.** The affidavit should be returned to the city or town that the application for the permit or license is being requested, **not** the Department of Industrial Accidents. Should you have any questions regarding the law or if you are required to obtain a workers' compensation policy, please call the Department at the number listed below. Self-insured companies should enter their self-insurance license number on the appropriate line.

City or Town Officials

Please be sure that the affidavit is complete and printed legibly. The Department has provided a space at the bottom of the affidavit for you to fill out in the event the Office of Investigations has to contact you regarding the applicant. Please be sure to fill in the permit/license number which will be used as a reference number. In addition, an applicant that must submit multiple permit/license applications in any given year, need only submit one affidavit indicating current policy information (if necessary). A copy of the affidavit that has been officially stamped or marked by the city or town may be provided to the applicant as proof that a valid affidavit is on file for future permits or licenses. A new affidavit must be filled out each year. Where a home owner or citizen is obtaining a license or permit not related to any business or commercial venture (i.e. a dog license or permit to burn leaves etc.) said person is NOT required to complete this affidavit.

The Office of Investigations would like to thank you in advance for your cooperation and should you have any questions, please do not hesitate to give us a call.

The Department's address, telephone and fax number:

The Commonwealth of Massachusetts
Department of Industrial Accidents
Office of Investigations
600 Washington Street
Boston, MA 02111
Tel. # 617-727-4900 ext 406 or 1-877-MASSAFE
Fax # 617-727-7749
www.mass.gov/dia

AFFIDAVIT FOR SEASONAL TO ANNUAL LICENSE CONVERSION

I, _____ hereby state that, beginning
_____, I will pay \$ 1,000.00 to the City of Northampton for a period of five (5) years
for conversion of my Seasonal Wine & Malt license to an Annual Wine & Malt license for the
_____ license year.

I understand that the conversion fee is \$5,000 and is payable in \$1,000 installments at the
annual renewal time in November.

The balance owed to the City of Northampton is \$ 5,000, for License Number _____ for

Signed this _____ day of _____, _____.

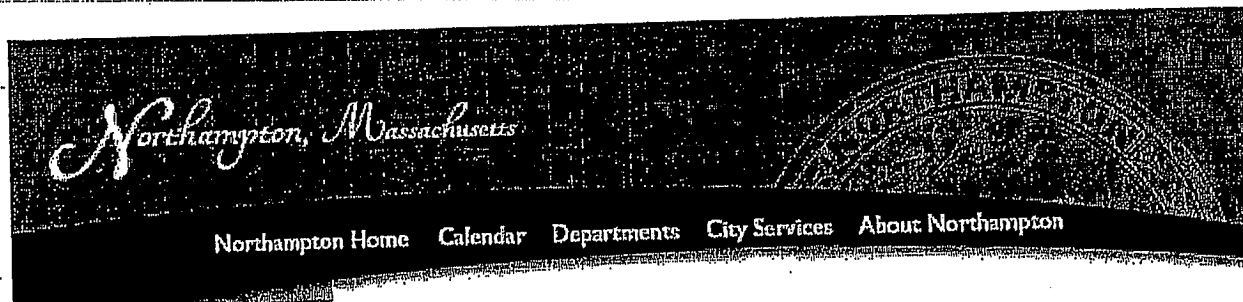
Signature of Individual or Officer Of Corporation. If Officer, give
Title: _____

.....
To be filled out by the Tax Collector's Office:

Signature of Tax Collector or Tax Collector Clerk

Amount received

Date Conversion fee received
.....



License Commission
Home

License Commission
Meeting Schedule

License Commission
Agendas

Short Term Liquor
License

Liquor Licenses

Common Victualler
License

Weekday Entertainment
License

Automatic Amusement
Device License

Innholder & Lodging
House License

License Commission
Rules, Regulations &
Policies

Car Dealer License

FY2010 License
Commission Fees

Northampton License Commission

The License Commission is the local licensing authority for Annual, Seasonal and Short Term Liquor Licenses, along with Weekday Entertainment Licenses for liquor licensed premises, automatic amusement device licenses and common victualler licenses.

The License Commission meets on the first Wednesday of the month at 4:00 p.m. in the City Council Chambers.

License Commission

Mary L. Midura
Executive Secretary to the License
Commission
210 Main Street, Room 18
Northampton, MA 01060
mmidura@northamptonma.gov

Office Hours

Monday - Thursday 8:30 am - 4:30
pm

Friday 8:30 am - 12:00pm

Telephone:

413.587.1210

Fax:

413.587.1264

Commission Members

Brad Shimel, Chair
Stephanie Levin, Member
William Rosen, Member

Renewal documents will be mailed October 30, 2009 to all Licensees with Liquor, Common Victualler, Weekday Entertainment, Automatic Amusement Device, Innholder, Lodging House and Car Dealer Licenses.

The deadline for Liquor License renewal documents and payment is November 25, 2009 at 12:00 p.m.

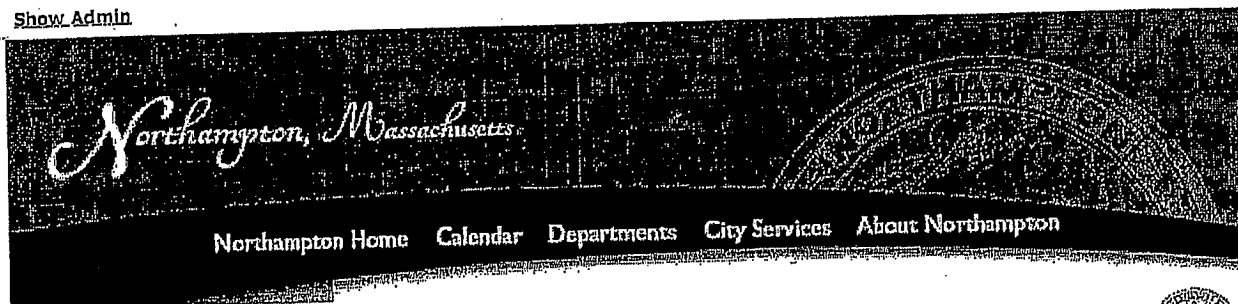
The deadline for all other license renewal documents is Friday, December 11, 2009.

The Fire and Building Departments will begin inspections of licensed premises for the 2010 license year in October - November 2009. Both Departments feel it is important to give you as much notice of these inspections as possible so that you may be able to prepare. Below is a list of items that the Fire Department and/or Building Department will be inspecting for:

- Valid fire extinguishers inspected and tagged within last 12 months and properly mounted.
- Maintenance records of the fire alarm and fire suppression system within the last 12 months.
- Inspection records for Ansul systems and properly marked Ansul systems.
- Properly functioning emergency lights
- Clearly marked EXIT signs

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[Automatic Amusement Device License](#)

[Innholder & Lodging House License](#)

[License Commission Rules, Regulations & Policies](#)

[Car Dealer License](#)

[FY2010 License Commission Fees](#)

License Commission



License Commission Meeting Schedule

LICENSE COMMISSION MEETINGS

The License Commission will meet on the First Wednesday (unless noted) of each month, at 4:00 p.m., in the City Council Chambers, Wallace J. Puchalski Municipal Building, 212 Main Street, Northampton.

2009 LICENSE COMMISSION MEETING SCHEDULE

November 4, 2009

December 2, 2009

2010 LICENSE COMMISSION MEETING SCHEDULE

JANUARY 6, 2010

FEBRUARY 3, 2010

MARCH 3, 2010

APRIL 7, 2010

MAY 5, 2010

JUNE 2, 2010

JULY 7, 2010

AUGUST 4, 2010

SEPTEMBER 1, 2010

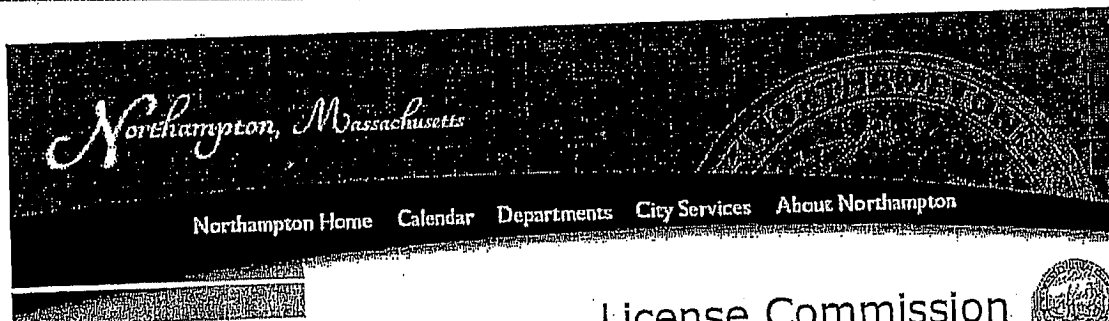
OCTOBER 6, 2010

NOVEMBER 3, 2010

DECEMBER 1, 2010

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City Hall, 210 Main Street, Northampton, MA 01060

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Website design by gravity switch, inc.



License Commission
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Common Victualler
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Innholder & Lodging
House License
License Commission
Rules, Regulations &
Policies
Car Dealer License
FY2010 License
Commission Fees

FY2010 License Commission Fees

CITY OF NORTHAMPTON

FY2010 LICENSE FEES

TYPE: FEE:

All Alcoholic Restaurant & \$2,215.00
General on Premise

All Alcoholic Innholder \$2,215.00

All Alcoholic Club \$1,235.00

All Alcoholic Package Store
(under 5,000 sq. ft) \$1,870.00
(over 5,000 sq. ft) \$2,330.00

Wine & Malt Restaurant \$1,520.00

Wine & Malt Package \$1,000.00

Wine & Malt Special \$1,520.00

Seasonal Wine & Malt Restaurant \$1,405.00

Seasonal All Alcoholic Restaurant \$1,520.00

Seasonal All Alcoholic Club \$775.00

Common Victualler \$40.00

Weekday Entertainment \$80.00

Auto Amusement Device \$55.00
(per device)

Lodging House License \$50.00

Innholder License \$40.00

Class I, II & III Auto Dealer Class I \$200.00
Class II \$175.00 Class III \$150.00

Short Term Wine & Malt \$60.00 per day

Short Term All Alcoholic \$100.00 per day

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LICENSE COMMISSION FOR THE CITY OF NORTHAMPTON

Extracts of Law, Rules and Regulations Governing

Licenses for Sale of Alcoholic Beverages to be DRUNK on Premises as authorized by
Massachusetts General Laws, Chapter 138 § 12

HOURS

1. RESTAURANTS, CLUBS, HOTELS AND GENERAL-ON-PREMISES 1 A.M. CLOSING

Sundays – 11:00 A.M. to 1:15 A.M.*
Weekdays – 8:00 A.M. to 1:15 A.M.*

*Sale of alcoholic beverages is to cease at 1:00 A.M.
All patrons must be off the premises by 1:15 A.M.

Employees must be off the premises by 2:00 A.M., but can remain after 2:00 A.M. only when notification is given to the Police Department.

2. RESTAURANTS, CLUBS, HOTELS AND GENERAL-ON-PREMISES 2 A.M. CLOSING

Sundays – 11:00 A.M. to 2:00 A.M.*
Weekdays – 8:00 A.M. to 2:00 A.M.*

*Sale of alcoholic beverages is to cease at 1:40 A.M.
All patrons must be off the premises by 2:00 A.M.

Employees must be off the premises by 2:45 A.M., but can remain after 2:45 A.M. only when notification is given to the Police Department.

* 2 A.M. Closing is only permitted upon application and approval of the Northampton License Commission*

3. All liquor licenses must be posted under glass on the premises specified so that same may be easily observed.
4. Sale to or purchases by persons under twenty-one years are punishable by a fine or imprisonment or both. Licensee may employ any person eighteen years of age or older for the direct handling and selling of alcoholic beverages. No one under eighteen may be employed for the direct handling and selling of alcoholic beverages or alcohol. (M.G.L., Chapter 138 § 34, as amended.)
5. Each Corporate license must appoint a manager satisfactory to the Commission by a written vote of their directors, giving such manager full authority and control of the premises. Immediate notice of an appointment or vacancy of the manager position must be made to the Commission in writing.
6. The licensed premises shall be subject to inspection by the Police, the Alcoholic Beverages Control Commission, the Northampton License Commission and their authorized agents, the Health Department and Building Department to ascertain the manner in which the licensee conducts his/her business.
7. No alcoholic beverage shall be sold or kept for sale on premises not specified on the license.
8. No alcoholic beverage shall be sold or delivered on any premises licensed under this chapter to an intoxicated person. (M.G.L., Chapter 138 § 69, as amended.)
9. Owners and/or managers of all licensed liquor establishments will be responsible for all violations or infractions of the law occurring on the premises whether present or not.
10. Membership lists of club licenses are to be available at all times. Guest books must be maintained open for inspection at any time. Admittance to members and their guests only. All guests must be accompanied by the member listed as sponsoring them.
11. No gambling permitted on the premises whatsoever. Any use of a coin operated amusement device or other means for gambling purposes shall result in suspension and/or revocation of both the liquor license and any amusement device licenses in addition to charges filed in a court of law.
12. Weekday entertainment within the licensed premises must be approved and licensed by this Commission. After written application, the License Commission shall grant such license upon such terms and/or conditions as it may prescribe or may deny such license upon finding that issuance of such license would lead to the creation of a public nuisance or would endanger the public health, safety or order. The License Commission may revoke or suspend a license granted pursuant to the provision of this rule after written notice to the Licensee and a hearing thereon and upon finding that conditions exist upon or about the licensed premises that would have justified denial of the original application for such license.

ALL LIQUOR LICENSES ARE SUBJECT TO SUSPENSION OR REVOCATION FOR ANY VIOLATION OF CONDITIONS OR ANY LAW OF THE COMMONWEALTH OR REGULATION OF THE NORTHAMPTON LICENSE COMMISSION OR THE ALCOHOLIC BEVERAGES CONTROL COMMISSION.

For Further information regarding alcoholic beverage laws, rules and regulations refer to:

1. Massachusetts General Laws, Chapter 138
2. Alcoholic Beverages Control Commission, 100 Causeway Street, Boston MA (617) 727-3040
3. Northampton License Commission, 210 Main Street, Northampton, MA (413) 587-1210

RULES AND REGULATIONS OF THE NORTHAMPTON LICENSE COMMISSION

1-1: Responsible Liquor Service Certification

Beginning with the 1994 renewal of liquor licenses of all types, all owners of an individually owned liquor license, all partners in a partnership owning a liquor license, or named managers on corporate-owned liquor licenses, shall present to the License Commission a **current** certificate of completion of training in an established responsible liquor service training program accepted by the Commission. The Programs that are currently accepted are:

1. TIPS (10/5/92)
2. TAM (Techniques of Alcohol Management Sponsored by the Massachusetts Package Store Association) (10/5/92)
3. SERVESAFE Alcohol Server Training Program (Sponsored by Massachusetts Restaurant Association) (10/5/92)
4. A.I.M. Workshop (Alcohol Intervention Methods) by Campbell/Trent (2/28/95)
5. Come of Age - Southland Corporation (7-Eleven) Age-Restricted Products Training Program

ADOPTED: October 5, 1992

Amended: February 28, 1995 (Added A.I.M.)
October 6, 1999 (Added "Come of Age")

2-1: Short Term Liquor Licenses - Liability Insurance

In the case of Short Term Liquor Licenses issued by the Commission, a certificate of insurance must be presented showing liquor liability coverage with a minimum cap of **\$250,000 per occurrence** prior to the issuance of any license.

ADOPTED: October 27, 1992

AMENDED: May 3, 2006

3-1: Hours of Operation - Extension

Effective January 1, 1996, each licensed establishment may be granted one extension of hours to 2:00 a.m. per year in addition to the annual New Year's Eve extension. The request must be in writing to the Commission and state the requested date and purpose of the extension. A representative of the establishment must attend the Commission meeting at which the item will be discussed.

ADOPTED: April 18, 1995

3-2: Extension of Hours Permit

"The License Commission establishes an extension of hours permit for a license holder to be open until 2:00 a.m. on Thursday (evening beginning Wednesday) through Monday (evening beginning Sunday) of each week, subject to the following conditions:

1. Service of alcohol to patrons must cease at 12:35 a.m.
2. All alcohol must be removed from tables and patrons at 1:00 a.m.
3. All patrons must be off the premises by 2:00 a.m.
4. Service of food to patrons is encouraged.

Said Extension of Hours permit is effective immediately and shall run through December 31, 1997. Application for renewal of said permit, beginning with calendar year 1998, shall be initiated by the permit holder, said renewal application to be submitted to the Commission by November 30 of every year concurrent with license holder's liquor license renewal application."

ADOPTED: October 16, 1996

4-1: Renewal of License - Tax Delinquency

The License Commission will hold, after notice, a public hearing in November of each year to determine whether or not to grant or to renew the license of each license holder identified by the Notice from the City Tax Collector, all as provided in the Code of City Ordinances No. 14-21: Such hearing will not be held if the License Commission receives in writing a statement from the Collector that the license holder is not delinquent as stated in said notice, or that the license holder has made a satisfactory arrangement with the City for payment of taxes.

ADOPTED: May 23, 1995

5-1: Application Fees

Effective July 1, 2006, the License Commission will impose a \$25.00 application fee, made payable to the City of Northampton, for all Liquor License transactions that require a fee to the A.B.C.C.

ADOPTED: June 7, 2006